

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 21, 2008
Secretary of State**

DOCUMENT# N03000006296

Entity Name: ANCHOR ARTS MANAGEMENT, INC.

Current Principal Place of Business:

910 BAY DRIVE
#33
MIAMI BEACH, FL 33141

New Principal Place of Business:

Current Mailing Address:

910 BAY DRIVE
#33
MIAMI BEACH, FL 33141

New Mailing Address:

FEI Number: 20-0116582 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUND, GARY
910 BAY DRIVE
#33
MIAMI BEACH, FL 33141 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FLISS, ERIC
Address: 800 LENNOX AVE
City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Delete
Name: LUND, GARY
Address: 910 BAY DRIVE
City-St-Zip: MIAMI BEACH, FL 33141

Title: D () Delete
Name: SMITH, LINDA M
Address: 1509 NE 105 STREET
City-St-Zip: MIAMI, FL 33138

Title: D () Delete
Name: MCDONALD, LISA
Address: 503 ANASTASIA AVE, APT #5
City-St-Zip: MIAMI, FL 33134

Title: D () Delete
Name: COHEN, ALBERT
Address: 15421 SW 79TH AVE
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY LUND

VP

03/21/2008

Electronic Signature of Signing Officer or Director

Date